

<b>Fill in this information to identify your case:</b>			
<b>Debtor 1</b>	<u>TODD</u>	<u>L</u>	<u>Culbreth</u>
	First Name	Middle Name	Last Name
<b>Debtor 2</b> (Spouse, if filing)	<u></u>	<u></u>	<u></u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>  </u> District of <u>  </u>			
<b>Case number</b> (If known)	<u>18-11155</u>		

FILED  
MAY - 9 2018  
TIMOTHY McGRATH, CLERK  
BY \_\_\_\_\_ DEP. CLERK

Check if this is an amended filing

Official Form 106Sum

## **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

**Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.**

## Part 1: Summarize Your Assets

## Your assets

1. Schedule A/B: Property (Official Form 106A/B)

1a. Copy line 55, Total real estate, from Schedule A/B ..... \$ 155,000

1b. Copy line 62, Total personal property, from Schedule A/B ..... \$ 11,079.40

1c. Copy line 63, Total of all property on Schedule A/B ..... \$ 166,079.40

## Part 2: Summarize Your Liabilities

## Your liabilities

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)  
2a. Copy the total you listed in Column A, *Amount of claim*, at the bottom of the last page of Part 1 of *Schedule D* ..... \$ 152,758

3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)  
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of *Schedule E/F* ..... \$ 10,000  
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of *Schedule E/F* ..... + \$ 7518.21

### Your total liabilities

### Part 3: Summarize Your Income and Expenses

4. *Schedule I: Your Income* (Official Form 106I)  
Copy your combined monthly income from line 12 of *Schedule I* ..... \$ 3834.42

5. *Schedule J: Your Expenses* (Official Form 106J)  
Copy your monthly expenses from line 22c of *Schedule J* ..... \$ 3349.31

18-11155

Debtor 1  
First Name Middle Name Last Name

Case number (if known)

**Part 4: Answer These Questions for Administrative and Statistical Records**

**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
 Yes

**7. What kind of debt do you have?**

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.  
 Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.**

326600

**9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

**Total claim**

From Part 4 on Schedule E/F, copy the following:

9a. Domestic support obligations (Copy line 6a.)

\$ 0

9b. Taxes and certain other debts you owe the government. (Copy line 6b.)

\$ 10,000

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)

\$ 0

9d. Student loans. (Copy line 6f.)

\$ 7518.21

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)

\$ 0

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

+ \$ 0

9g. **Total.** Add lines 9a through 9f.

\$ 17518.21

Fill in this information to identify your case:

Debtor 1	<u>Todd</u>	<u>L.</u>	<u>Culbreath</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u></u>	<u></u>	<u></u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Eastern</u>		District of <u>Pennsylvania</u>
Case number (if known)	<u></u>		

18-11155

Check if this is an amended filing.

## Official Form 106A/B

### Schedule A/B Property

FILED

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

MAY - 9 - 2018

UR

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest in.

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.  
 Yes. Where is the property?

1.1. 701 Buttonwood Street  
 Street address, if available, or other description

Norristown PA 19401  
 City State ZIP Code

Montgomery  
 County

If you own or have more than one, list here:

1.2.   
 Street address, if available, or other description

City State ZIP Code

County

What is the property? Check all that apply.

Single-family home  
 Duplex or multi-unit building  
 Condominium or cooperative  
 Manufactured or mobile home  
 Land  
 Investment property  
 Timeshare  
 Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ 155,000.00 \$ 155,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee Simple

Check if this is community property (see instructions)

Who has an interest in the property? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

What is the property? Check all that apply.

Single-family home  
 Duplex or multi-unit building  
 Condominium or cooperative  
 Manufactured or mobile home  
 Land  
 Investment property  
 Timeshare  
 Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$  \$

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Who has an interest in the property? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

Debtor 1	Todd	L.	Culbreath	Case number (if known)
	First Name	Middle Name	Last Name	
1.3. Street address, if available, or other description				What is the property? Check all that apply.
				<input type="checkbox"/> Single-family home <input type="checkbox"/> Duplex or multi-unit building <input type="checkbox"/> Condominium or cooperative <input type="checkbox"/> Manufactured or mobile home <input type="checkbox"/> Land <input type="checkbox"/> Investment property <input type="checkbox"/> Timeshare <input type="checkbox"/> Other _____
City		State	ZIP Code	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.
				Current value of the entire property? \$ _____
				Current value of the portion you own? \$ _____
County				Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.
				<input type="checkbox"/> Check if this is community property (see instructions)
				Other information you wish to add about this item, such as local property identification number: _____
2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. →				\$ 155,000.00

## Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

### 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No  
 Yes

3.1. Make: VW  
 Model: Jetta  
 Year: 2003  
 Approximate mileage: 240000

Other information:

Who has an interest in the property? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? \$ 1,502.00

Current value of the portion you own? \$ 1,502.00

If you own or have more than one, describe here:

3.2. Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_  
 Approximate mileage: \_\_\_\_\_

Other information:

Who has an interest in the property? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? \$ \_\_\_\_\_

Current value of the portion you own? \$ \_\_\_\_\_

Debtor 1	Todd	L.	Culbreath	Case number (if known)
	First Name	Middle Name	Last Name	
<p>3.3. Make: _____</p> <p>Model: _____</p> <p>Year: _____</p> <p>Approximate mileage: _____</p> <p>Other information: _____</p>				<p><b>Who has an interest in the property? Check one.</b></p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this is community property (see instructions) \$ _____ \$ _____</p>
				<p>Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.</p> <p><b>Current value of the entire property? Current value of the portion you own?</b></p>
<p>3.4. Make: _____</p> <p>Model: _____</p> <p>Year: _____</p> <p>Approximate mileage: _____</p> <p>Other information: _____</p>				<p><b>Who has an interest in the property? Check one.</b></p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this is community property (see instructions) \$ _____ \$ _____</p>
				<p>Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.</p> <p><b>Current value of the entire property? Current value of the portion you own?</b></p>
<p>4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories</p> <p>Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>				
<p>4.1. Make: _____</p> <p>Model: _____</p> <p>Year: _____</p> <p>Other information: _____</p>				<p><b>Who has an interest in the property? Check one.</b></p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this is community property (see instructions) \$ _____ \$ _____</p>
				<p>Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.</p> <p><b>Current value of the entire property? Current value of the portion you own?</b></p>
<p>4.2. Make: _____</p> <p>Model: _____</p> <p>Year: _____</p> <p>Other information: _____</p>				<p><b>Who has an interest in the property? Check one.</b></p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this is community property (see instructions) \$ _____ \$ _____</p>
				<p>Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.</p> <p><b>Current value of the entire property? Current value of the portion you own?</b></p>
<p>5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here</p> <p>→ \$ 1,502.00</p>				

Debtor 1 Todd L. Culbreath

Case number (if known) \_\_\_\_\_

**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

**6. Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

No

Yes. Describe. ....

Personal furniture and furnishings

\$ 1,000.00

**7. Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No

Yes. Describe. ....

TV, DVD Player, radios, computer, printer combo

\$ 500.00

**8. Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No

Yes. Describe. ....

Five silver dollars

\$ 100.00

**9. Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No

Yes. Describe. ....

Golf clubs

\$ 50.00

**10. Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No

Yes. Describe. ....

\$

**11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No

Yes. Describe. ....

Personal clothing

\$ 500.00

**12. Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

Yes. Describe. ....

watches, ring

\$ 75.00

**13. Non-farm animals**

Examples: Dogs, cats, birds, horses

No

Yes. Describe. ....

House cat

\$ 1.00

**14. Any other personal and household items you did not already list, including any health aids you did not list**

No

Yes. Describe. ....

\$

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here**

\$ 2,226.00

Debtor 1 Todd L. Culbreath

Case number (if known) \_\_\_\_\_

**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

**16. Cash**

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No  
 Yes .....

Cash: ..... \$ 50.00

**17. Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No  
 Yes .....

Institution name:

17.1. Checking account:	<u>BB&amp;T</u>	\$ 200.00
17.2. Checking account:	<u>BB&amp;T</u>	\$ 100.00
17.3. Savings account:	_____	\$ _____
17.4. Savings account:	_____	\$ _____
17.5. Certificates of deposit:	_____	\$ _____
17.6. Other financial account:	_____	\$ _____
17.7. Other financial account:	_____	\$ _____
17.8. Other financial account:	_____	\$ _____
17.9. Other financial account:	_____	\$ _____

**18. Bonds, mutual funds, or publicly traded stocks**

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No  
 Yes .....

Institution or issuer name:

_____	\$ _____
_____	\$ _____
_____	\$ _____

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

<input type="checkbox"/> No	Name of entity:	% of ownership:
<input checked="" type="checkbox"/> Yes. Give specific information about them.	<u>Zerns Hearing Aid Center LLC</u>	<u>100.00 %</u> \$ <u>7,000.00</u>
		<u>0.00 %</u> \$ _____
		<u>0.00 %</u> \$ _____

Debtor 1	Todd	L.	Culbreath	Case number (if known)
	First Name	Middle Name	Last Name	

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.  
*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

No

Yes. Give specific information about them.....

Issuer name: \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No

Yes. List each account separately. Type of account: Institution name:

401(k) or similar plan: \_\_\_\_\_ \$ \_\_\_\_\_  
 Pension plan: \_\_\_\_\_ \$ \_\_\_\_\_  
 IRA: \_\_\_\_\_ \$ \_\_\_\_\_  
 Retirement account: \_\_\_\_\_ \$ \_\_\_\_\_  
 Keogh: \_\_\_\_\_ \$ \_\_\_\_\_  
 Additional account: \_\_\_\_\_ \$ \_\_\_\_\_  
 Additional account: \_\_\_\_\_ \$ \_\_\_\_\_

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company  
*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Yes .....

Institution name or individual:

Electric: \_\_\_\_\_ \$ \_\_\_\_\_  
 Gas: \_\_\_\_\_ \$ \_\_\_\_\_  
 Heating oil: \_\_\_\_\_ \$ \_\_\_\_\_  
 Security deposit on rental unit: \_\_\_\_\_ \$ \_\_\_\_\_  
 Prepaid rent: \_\_\_\_\_ \$ \_\_\_\_\_  
 Telephone: \_\_\_\_\_ \$ \_\_\_\_\_  
 Water: \_\_\_\_\_ \$ \_\_\_\_\_  
 Rented furniture: \_\_\_\_\_ \$ \_\_\_\_\_  
 Other: \_\_\_\_\_ \$ \_\_\_\_\_

**23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)**

No

Yes .....

Issuer name and description:

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

Debtor 1	Todd	L.	Culbreath	Case number (if known)
	First Name	Middle Name	Last Name	

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**  
26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Yes ..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

No

Yes. Give specific information about them. \_\_\_\_\_ \$ \_\_\_\_\_

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**  
Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No

Yes. Give specific information about them. \_\_\_\_\_ \$ \_\_\_\_\_

**27. Licenses, franchises, and other general intangibles**  
Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Yes. Give specific information about them. Licensed hearing aid dealer \_\_\_\_\_ \$ \_\_\_\_\_ 1.00

**Money or property owed to you?**

**28. Tax refunds owed to you**

No

Yes. Give specific information about them, including whether you already filed the returns and the tax years. \_\_\_\_\_

Federal:	\$ _____
State:	\$ _____
Local:	\$ _____

**29. Family support**  
Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

Yes. Give specific information. \_\_\_\_\_

Alimony:	\$ _____
Maintenance:	\$ _____
Support:	\$ _____
Divorce settlement:	\$ _____
Property settlement:	\$ _____

**30. Other amounts someone owes you**  
Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

Yes. Give specific information. \_\_\_\_\_ \$ \_\_\_\_\_

Debtor 1	Todd	L.	Culbreath	Case number (if known)
	First Name	Middle Name	Last Name	
<b>31. Interests in insurance policies</b>				
Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance				
<input type="checkbox"/> No				
<input checked="" type="checkbox"/> Yes. Name the insurance company of each policy and list its value. ....		Company name:	Beneficiary:	Surrender or refund value:
				\$ _____
				\$ _____
				\$ _____
<b>32. Any interest in property that is due you from someone who has died</b>				
If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes. Give specific information. ....				\$ _____
<b>33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment</b>				
Examples: Accidents, employment disputes, insurance claims, or rights to sue				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes. Describe each claim. ....				\$ _____
<b>34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims</b>				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes. Describe each claim. ....				\$ _____
<b>35. Any financial assets you did not already list</b>				
<input checked="" type="checkbox"/> No				\$ _____
<input type="checkbox"/> Yes. Give specific information. ....				\$ _____
<b>36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here</b> → \$ 7,351.00				
<b>Part 5:</b> Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.				
<b>37. Do you own or have any legal or equitable interest in any business-related property?</b>				
<input checked="" type="checkbox"/> No. Go to Part 6.				
<input type="checkbox"/> Yes. Go to line 38.				
Current value of the portion you own? Do not deduct secured claims or exemptions				
<b>38. Accounts receivable or commissions you already earned</b>				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes. Describe. ....				
\$ _____				
<b>39. Office equipment, furnishings, and supplies</b>				
Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes. Describe. ....				
\$ _____				

Debtor 1	Todd	L.	Culbreath	Case number (if known)
	First Name	Middle Name	Last Name	
<b>40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade</b>				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Describe. <input type="text"/>				\$ <input type="text"/>
<b>41. Inventory</b>				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Describe. <input type="text"/>				\$ <input type="text"/>
<b>42. Interests in partnerships or joint ventures</b>				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Describe..... Name of entity:				% of ownership:
				0.00% \$ <input type="text"/>
				0.00% \$ <input type="text"/> 0.00
				0.00% \$ <input type="text"/>
<b>43. Customer lists, mailing lists, or other compilations</b>				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?				
<input type="checkbox"/> No <input type="checkbox"/> Yes. Describe. <input type="text"/>				\$ <input type="text"/>
<b>44. Any business-related property you did not already list</b>				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Give specific information				\$ <input type="text"/>
				\$ <input type="text"/>
				\$ <input type="text"/>
				\$ <input type="text"/>
				\$ <input type="text"/>
<b>45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here</b> <input type="text"/> → \$ <input type="text"/> 0.00				
<b>Part 6:</b> Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.				
<b>46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?</b>				
<input checked="" type="checkbox"/> No. Go to Part 7. <input type="checkbox"/> Yes. Go to line 47.				Current value of the portion you own?  Do not deduct secured claims or exemptions
<b>47. Farm animals</b>				
Examples: Livestock, poultry, farm-raised fish				
<input type="checkbox"/> No <input type="checkbox"/> Yes. <input type="text"/>				\$ <input type="text"/>

Debtor 1 Todd L. Culbreath Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

48. Crops—either growing or harvested

No

Yes. Give specific information.....

	\$ _____
--	----------

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

No

Yes.....

	\$ _____
--	----------

50. Farm and fishing supplies, chemicals, and feed

No

Yes.....

	\$ _____
--	----------

51. Any farm- and commercial fishing-related property you did not already list

No

Yes. Give specific information. ....

	\$ _____
--	----------

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here ..... →

\$ 0.00
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**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No

Yes. Give specific information. ....

	\$ _____
	\$ _____
	\$ _____

54. Add the dollar value of all of your entries from Part 7. Write that number here ..... →

\$ 0.00
---------

**Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2 ..... → \$ 155,000.00

56. Part 2: Total vehicles, line 5 \$ 1,502.00

57. Part 3: Total personal and household items, line 15 \$ 2,226.00

58. Part 4: Total financial assets, line 36 \$ 7,351.00

59. Part 5: Total business-related property, line 45 \$ 0.00

60. Part 6: Total farm- and fishing-related property, line 52 \$ 0.00

61. Part 7: Total other property not listed, line 54 + \$ 0.00

62. Total personal property. Add lines 56 through 61. .... → + \$ 11,079.00 Copy personal property total → + \$ 11,079.00

63. Total of all property on Schedule A/B. Add line 55 + line 62. ....

\$ 166,079.00
---------------

<b>Fill in this information to identify your case:</b>		
Debtor 1	<u>Todd</u>	<u>L.</u>
	First Name	Middle Name
	<u>Culbreath</u>	
Debtor 2 (spouse, if filing)	<u></u>	<u></u>
	First Name	Middle Name
	<u></u>	
United States Bankruptcy Court for the:	<u>Eastern</u>	District of <u>Pennsylvania</u>
Case number (if known)	<u></u>	

Check if this is an amended filing.

## Official Form 106C

### Schedule C: The Property You Claim As Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
			Check only one box for each exemption.
Brief description: <u>701 Buttonwood Street</u>	\$ <u>155,000.00</u>	<input type="checkbox"/> \$ <u>2,953.34</u> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 USC 522(d)(1)</u>
Line from <i>Schedule</i> <i>A/B</i> : <u>1.1</u>			
Brief description: <u>VW</u>	\$ <u>1,502.00</u>	<input checked="" type="checkbox"/> \$ <u>1,502.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 USC 522(d)(2)</u>
Line from <i>Schedule</i> <i>A/B</i> : <u>3.1</u>			
Brief description: <u>Personal furniture and f</u>	\$ <u>1,000.00</u>	<input checked="" type="checkbox"/> \$ <u>1,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 USC 522(d)(3)</u>
Line from <i>Schedule</i> <i>A/B</i> : <u>6</u>			

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No  
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  
 No  
 Yes

Debtor 1 Todd L. Culbreath  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

## Part 2. Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Brief description: <u>TV, DVD Player, radios.</u>	\$ <u>300.00</u>	<input checked="" type="checkbox"/> \$ <u>500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 USC 522(d)(3)</u>
Line from Schedule A/B: <u>7</u>			
Brief description: <u>Personal clothing</u>	\$ _____	<input checked="" type="checkbox"/> \$ <u>500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 USC 522(d)(3)</u>
Line from Schedule A/B: <u>11</u>			
Brief description: <u>watches, ring</u>	\$ <u>75.00</u>	<input checked="" type="checkbox"/> \$ <u>75.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 USC 522(d)(3)</u>
Line from Schedule A/B: <u>12</u>			
Brief description: <u>Cash</u>	\$ <u>50.00</u>	<input type="checkbox"/> \$ <u>50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 USC 522(d)(5)</u>
Line from Schedule A/B: <u>16</u>			
Brief description: <u>BB&amp;T</u>	\$ <u>200.00</u>	<input type="checkbox"/> \$ <u>200.00</u> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 USC 522(d)(5)</u>
Line from Schedule A/B: <u>17.1</u>			
Brief description: <u>BB&amp;T</u>	\$ <u>100.00</u>	<input type="checkbox"/> \$ <u>100.00</u> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 USC 522(d)(5)</u>
Line from Schedule A/B: <u>17.2</u>			
Brief description: <u>Zerns Hearing Aid Center</u>	\$ <u>7,000.00</u>	<input type="checkbox"/> \$ <u>7,000.00</u> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 USC 522(d)(5)</u>
Line from Schedule A/B: <u>19.1</u>			
Brief description: <u>Licensed hearing aid dea</u>	\$ <u>1.00</u>	<input type="checkbox"/> \$ <u>1.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 USC 522(d)(5)</u>
Line from Schedule A/B: <u>27</u>			
Brief description: <u>Golf clubs</u>	\$ <u>50.00</u>	<input type="checkbox"/> \$ <u>50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 USC 522(d)(3)</u>
Line from Schedule A/B: <u>9</u>			
Brief description: <u>House cat</u>	\$ <u>1.00</u>	<input checked="" type="checkbox"/> \$ <u>1.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 USC 522(d)(5)</u>
Line from Schedule A/B: <u>13</u>			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: _____			
Brief description: <u>House cat</u>	\$ <u>1.00</u>	<input checked="" type="checkbox"/> \$ <u>1.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: <u>13</u>			

Fill in this information to identify your case:

Debtor 1	Todd	L.	Culbreath
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Eastern	District of Pennsylvania	
Case number (If known)			

Check if this is an amended filing.

## Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below.

#### Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1

Homebridge Financial Services Inc.  
Creditor's Name

425 Phillips Blvd.  
Number Street

Ewing NJ 08618  
City State ZIP Code

Who owes the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

Date debt was incurred 2/25/2011

Describe the property that secures the claim:

Column A Column B Column C

Amount of claim  
Do not deduct the value of collateral.

Value of collateral that supports this claim  
If any

Unsecured portion  
If any

Debtor's residence

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

2.2

Meenan Oil Company  
Creditor's Name

9 West Broad Street  
Number Street

Stamford CT 06902  
City State ZIP Code

Who owes the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

Date debt was incurred 4/7/2014

Describe the property that secures the claim:

\$ 711.87 \$ \_\_\_\_\_ \$ \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

Add the dollar value of your entries in Column A on this page. Write that number here: \$ 152,758.33

Debtor 1 Todd L. Culbreath

Case number (if known) \_\_\_\_\_

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

KML Law Group  
Name \_\_\_\_\_  
701 Market Street  
Number Street \_\_\_\_\_  
Suite 5000 \_\_\_\_\_

On which line in Part 1 did you enter the creditor? 2.1

Last 4 digits of account number 3 6 1 9

Philadelphia PA 19106  
City State ZIP Code \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Name \_\_\_\_\_  
Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Name \_\_\_\_\_  
Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Name \_\_\_\_\_  
Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Name \_\_\_\_\_  
Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Name \_\_\_\_\_  
Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

Debtor 1 Todd L. Culbreath

Case number (if known) \_\_\_\_\_

**Part 2:** List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Lloyd S. Markind, Esquire  
Name  
1060 Andrew Drive  
Number Street  
Suite 170

West Chester PA 19380  
City State ZIP Code

Meenan Oil Company  
Name  
8301 Lansdowne Avenue  
Number Street

Upper Darby PA 19082  
City State ZIP Code

Name  
Number Street

On which line in Part 1 did you enter the creditor? 2.2

Last 4 digits of account number \_\_\_\_\_

On which line in Part 1 did you enter the creditor? 2.2

Last 4 digits of account number \_\_\_\_\_

On which line in Part 1 did you enter the creditor? 2.2

Last 4 digits of account number \_\_\_\_\_

On which line in Part 1 did you enter the creditor? 2.2

Last 4 digits of account number \_\_\_\_\_

On which line in Part 1 did you enter the creditor? 2.2

Last 4 digits of account number \_\_\_\_\_

On which line in Part 1 did you enter the creditor? 2.2

Last 4 digits of account number \_\_\_\_\_

Debtor 1 Todd L. Culbreath

Case number (if known) \_\_\_\_\_

**Part 2:** List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

<input type="checkbox"/>	<p>On which line in Part 1 did you enter the creditor? _____</p> <p>Last 4 digits of account number _____</p>
<p>Name _____</p> <p>Number Street _____</p>	
<p>City _____ State _____ ZIP Code _____</p> <input type="checkbox"/>	<p>On which line in Part 1 did you enter the creditor? _____</p> <p>Last 4 digits of account number _____</p>
<p>Name _____</p> <p>Number Street _____</p>	
<p>City _____ State _____ ZIP Code _____</p> <input type="checkbox"/>	<p>On which line in Part 1 did you enter the creditor? _____</p> <p>Last 4 digits of account number _____</p>
<p>Name _____</p> <p>Number Street _____</p>	
<p>City _____ State _____ ZIP Code _____</p> <input type="checkbox"/>	<p>On which line in Part 1 did you enter the creditor? _____</p> <p>Last 4 digits of account number _____</p>
<p>Name _____</p> <p>Number Street _____</p>	
<p>City _____ State _____ ZIP Code _____</p> <input type="checkbox"/>	<p>On which line in Part 1 did you enter the creditor? _____</p> <p>Last 4 digits of account number _____</p>
<p>Name _____</p> <p>Number Street _____</p>	
<p>City _____ State _____ ZIP Code _____</p> <input type="checkbox"/>	<p>On which line in Part 1 did you enter the creditor? _____</p> <p>Last 4 digits of account number _____</p>
<p>Name _____</p> <p>Number Street _____</p>	

Fill in this information to identify your case:

Debtor 1	Todd	L.	Culbreath
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Eastern</u>		District of <u>Pennsylvania</u>	
Case number (if known)			

*g D*

FILED	
MAY - 9 2018	
TIMOTHY McGRATH, CLERK	
Check if this is an amended filing.	

BY  Check if this is an amended filing.

## Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1 Homebridge Financial Services Inc. Describe the property that secures the claim: \$ 152,046.46 \$ 155,000.00 \$ \_\_\_\_\_

Creditor's Name  
425 Phillips Blvd.

Debtor's residence

Number Street  
Ewing NJ 08618

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Who owes the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

Date debt was incurred 2/25/2011

Last 4 digits of account number 3 6 1 9

2.2 Meenan Oil Company Describe the property that secures the claim: \$ 711.87 \$ \_\_\_\_\_ \$ \_\_\_\_\_

Creditor's Name  
9 West Broad Street

Describe the property that secures the claim:

Number Street  
Stamford CT 06902

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Who owes the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

Date debt was incurred 4/7/2014

Last 4 digits of account number 0 8 7 9

Add the dollar value of your entries in Column A on this page. Write that number here: \$ 152,758.33

Debtor 1 Todd L. Culbreath

Case number (if known) \_\_\_\_\_

**Part 2:** List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

KML Law Group  
Name \_\_\_\_\_

701 Market Street  
Number Street \_\_\_\_\_

Suite 5000

Philadelphia PA 19106  
City State ZIP Code \_\_\_\_\_

Name

Number Street  
\_\_\_\_\_

City State ZIP Code  
\_\_\_\_\_

Name

Number Street  
\_\_\_\_\_

City State ZIP Code  
\_\_\_\_\_

Name

Number Street  
\_\_\_\_\_

City State ZIP Code  
\_\_\_\_\_

Name

Number Street  
\_\_\_\_\_

City State ZIP Code  
\_\_\_\_\_

Name

Number Street  
\_\_\_\_\_

City State ZIP Code  
\_\_\_\_\_

On which line in Part 1 did you enter the creditor? 2.1

Last 4 digits of account number 3 6 1 9

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Debtor 1 Todd L. Culbreath

Case number (if known) \_\_\_\_\_

**Part 2:** List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Lloyd S. Markind, Esquire  
Name

1060 Andrew Drive  
Number Street

Suite 170

West Chester PA 19380  
City State ZIP Code

On which line in Part 1 did you enter the creditor? 2.2

Last 4 digits of account number       

Meenan Oil Company  
Name

8301 Lansdowne Avenue  
Number Street

On which line in Part 1 did you enter the creditor?       

Last 4 digits of account number       

Upper Darby PA 19082  
City State ZIP Code

On which line in Part 1 did you enter the creditor?       

Last 4 digits of account number       

Name

Number Street

City State ZIP Code

On which line in Part 1 did you enter the creditor?       

Last 4 digits of account number       

Name

Number Street

City State ZIP Code

On which line in Part 1 did you enter the creditor?       

Last 4 digits of account number       

Name

Number Street

City State ZIP Code

On which line in Part 1 did you enter the creditor?       

Last 4 digits of account number       

Name

Number Street

City State ZIP Code

Debtor 1 Todd L. Culbreath

Case number (if known) \_\_\_\_\_

**Part 2:** List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

_____	Name _____
-------	------------

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	Todd	L.	Culbreath
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Eastern</u>		District of <u>Pennsylvania</u>	
Case number (if known) _____			

Check if this is an amended filing.

**Official Form 106E/F**

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.  
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1 Internal Revenue Service Priority Creditor's Name Number Street P.O. Box 7346 Philadelphia PA 19101-7346 City State ZIP Code	Last 4 digits of account number <u>8 1 2 2</u>	\$ <u>8,000.00</u>	\$ <u>8,000.00</u> \$ <u>0.00</u>
	When was the debt incurred? <u>1/1/2015</u>		
	As of the date you file, the claim is: Check all that apply.		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of PRIORITY unsecured claim:		
	<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____		
2.2 Pennsylvania Department of Revenue Priority Creditor's Name Dept. 280946 Number Street Attn: Bankruptcy Division Harrisburg PA 17128-0946 City State ZIP Code	Last 4 digits of account number <u>8 1 2 2</u>	\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
	When was the debt incurred? _____		
	As of the date you file, the claim is: Check all that apply.		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of PRIORITY unsecured claim:		
	<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____		

Debtor 1 Todd L. Culbreath

Case number (if known) \_\_\_\_\_

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

**3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than four priority unsecured claims fill out the Continuation Page of Part 2.**

4.1 Comenity Bank Bankruptcy Dept.  
 Nonpriority Creditor's Name

P.O. Box 183043  
 Number Street

Columbus OH 43218-3043  
 City State ZIP Code

**Who incurred the debt? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

**Is the claim subject to offset?**

No  
 Yes

**Total claim**  
 Last 4 digits of account number 6 6 5 2 \$ 186.96

When was the debt incurred? various dates

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify credit card

4.2 Citi  
 Nonpriority Creditor's Name

P.O. Box 2001  
 Number Street

Warren MI 89193  
 City State ZIP Code

**Who incurred the debt? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

**Is the claim subject to offset?**

No  
 Yes

Last 4 digits of account number 5 4 0 8 \$ 421.77

When was the debt incurred? various dates

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify credit card

4.3 Citi  
 Nonpriority Creditor's Name

P.O. Box 790040  
 Number Street

St. Louis MO 63179  
 City State ZIP Code

**Who incurred the debt? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

**Is the claim subject to offset?**

No  
 Yes

Last 4 digits of account number 8 4 3 1 \$ 4,309.25

When was the debt incurred? various dates

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify credit card

Debtor 1 Todd L. Culbreath

Case number (if known) \_\_\_\_\_

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.				Total claim
4.4	<u>Credit One Bank General Correspondence</u> Nonpriority Creditor's Name		Last 4 digits of account number <u>7 4 5 3</u>	\$ <u>1,140.23</u>
	<u>P.O. Box 98873</u> Number Street		When was the debt incurred? <u>various dates</u>	
	<u>Las Vegas</u> City	<u>NV</u> State	<u>89193-3673</u> ZIP Code	As of the date you file, the claim is: Check all that apply.
	Who incurred the debt? Check one.			
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.5	<u>First Premier Bank</u> Nonpriority Creditor's Name		Last 4 digits of account number <u>8 0 5 1</u>	\$ <u>481.00</u>
	<u>3820 N. Louise Avenue</u> Number Street		When was the debt incurred? <u>various dates</u>	
	<u>Sioux Falls</u> City	<u>SD</u> State	<u>57107</u> ZIP Code	As of the date you file, the claim is: Check all that apply.
	Who incurred the debt? Check one.			
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.6	<u>Penn Dental</u> Nonpriority Creditor's Name		Last 4 digits of account number	\$ <u>605.00</u>
	<u>711 W. Lancaster Ave.</u> Number Street		When was the debt incurred? <u>2017</u>	
	<u>Bryn Mawr</u> City	<u>PA</u> State	<u>19010</u> ZIP Code	As of the date you file, the claim is: Check all that apply.
	Who incurred the debt? Check one.			
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Todd L. Culbreath

Case number (if known) \_\_\_\_\_

**Part 4:** Add the Amounts for Each Type of Unsecured Claim

1. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159.  
Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. \$ _____ 0.00
	6b. Taxes and certain other debts you owe the government	6b. \$ _____ 10,000.00
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ _____ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + \$ _____ 0.00
	6e. Total. Add lines 6a through 6d.	6e. \$ _____ 10,000.00

		Total claim
Total claims from Part 2	6f. Student loans	6f. \$ _____ 0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ _____ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ _____ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$ _____ 7,518.21
	6j. Total. Add lines 6f through 6i.	6j. \$ _____ 7,518.21

**Fill in this information to identify your case:**

Debtor 1	Todd	L.	Culbreath
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Eastern</u>		District: <u>Pennsylvania</u>	
Case number (if known)			

Check if this is an amended filing.

## Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.  
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount	
2.1 Internal Revenue Service Priority Creditor's Name	Last 4 digits of account number <u>8 1 2 2</u>	\$ <u>8,000.00</u>	\$ <u>8,000.00</u>	\$ <u>0.00</u>
Number Street P.O. Box 7346	When was the debt incurred? <u>1/1/2015</u>			
Philadelphia PA 19101-7346 City State ZIP Code	As of the date you file, the claim is: Check all that apply.			
Who incurred the debt? Check one.	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	Type of PRIORITY unsecured claim:			
Is the claim subject to offset?	<input checked="" type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
2.2 Pennsylvania Department of Revenue Priority Creditor's Name	Last 4 digits of account number <u>8 1 2 2</u>	\$ <u>2,000.00</u>	\$ <u>2,000.00</u>	\$ <u>0.00</u>
Dept. 280946 Number Street Attn: Bankruptcy Division	When was the debt incurred?			
Harrisburg PA 17128-0946 City State ZIP Code	As of the date you file, the claim is: Check all that apply.			
Who incurred the debt? Check one.	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	Type of PRIORITY unsecured claim:			
Is the claim subject to offset?	<input checked="" type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			

Debtor 1 Todd L. Culbreath

Case number (if known) \_\_\_\_\_

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

**3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than four priority unsecured claims fill out the Continuation Page of Part 2.**

4.1 Comenity Bank Bankruptcy Dept.  
 Nonpriority Creditor's Name

P.O. Box 183043  
 Number Street

Columbus OH 43218-3043  
 City State ZIP Code

**Who incurred the debt? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

**Last 4 digits of account number** 6 6 5 2

\$ 186.96

**When was the debt incurred?** various dates

**As of the date you file, the claim is: Check all that apply.**

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify credit card

4.2 Citi  
 Nonpriority Creditor's Name

P.O. Box 2001  
 Number Street

Warren MI 89193  
 City State ZIP Code

**Who incurred the debt? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

**Last 4 digits of account number** 5 4 0 8

\$ 421.77

**When was the debt incurred?** various dates

**As of the date you file, the claim is: Check all that apply.**

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify credit card

4.3 Citi  
 Nonpriority Creditor's Name

P.O. Box 790040  
 Number Street

St. Louis MO 63179  
 City State ZIP Code

**Who incurred the debt? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

**Last 4 digits of account number** 8 4 3 1

\$ 4,309.25

**When was the debt incurred?** various dates

**As of the date you file, the claim is: Check all that apply.**

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify credit card

Debtor 1 Todd L. Culbreath

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.4	Credit One Bank General Correspondence Nonpriority Creditor's Name	Last 4 digits of account number <u>7 4 5 3</u>	\$ <u>1,140.23</u>
	P.O. <u>Box 98873</u> Number Street	When was the debt incurred? <u>various dates</u>	
	City <u>Las Vegas</u> NV <u>89193-3873</u> State ZIP Code	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one.		
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input type="checkbox"/> Check if this claim is for a community debt	Type of NONPRIORITY unsecured claim:	
	Is the claim subject to offset?	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>credit cards</u>	
4.5	First Premier Bank Nonpriority Creditor's Name	Last 4 digits of account number <u>8 0 5 1</u>	\$ <u>481.00</u>
	Number <u>3820</u> Street <u>N. Louise Avenue</u>	When was the debt incurred? <u>various dates</u>	
	City <u>Sioux Falls</u> SD <u>57107</u> State ZIP Code	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one.		
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input type="checkbox"/> Check if this claim is for a community debt	Type of NONPRIORITY unsecured claim:	
	Is the claim subject to offset?	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit card</u>	
4.6	Penn Dental Nonpriority Creditor's Name	Last 4 digits of account number	\$ <u>605.00</u>
	Number <u>711</u> Street <u>W. Lancaster Ave.</u>	When was the debt incurred? <u>2017</u>	
	City <u>Bryn Mawr</u> PA <u>19010</u> State ZIP Code	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one.		
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input type="checkbox"/> Check if this claim is for a community debt	Type of NONPRIORITY unsecured claim:	
	Is the claim subject to offset?	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical bills</u>	

Debtor 1 Todd L. Culbreath

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. \_\_\_\_\_ Total claim \_\_\_\_\_

<p>4.7</p> <p><input type="checkbox"/> <u>Temple School of Dentistry</u> Nonpriority Creditor's Name</p> <p><u>3223</u> <u>North Broad Street</u> Number Street</p> <p><u>Philadelphia</u> <u>PA</u> <u>19140</u> City State ZIP Code</p> <p><b>Who incurred the debt? Check one.</b></p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>8 9 5 4</u> \$ <u>374 00</u></p> <p>When was the debt incurred? <u>2017</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>Medical services</u></p> <p><input type="checkbox"/> <u> </u> Nonpriority Creditor's Name</p> <p>Last 4 digits of account number \$ <u> </u></p> <p>When was the debt incurred? <u> </u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input type="checkbox"/> Other. Specify <u> </u></p> <p><input type="checkbox"/> <u> </u> Nonpriority Creditor's Name</p> <p>Last 4 digits of account number \$ <u> </u></p> <p>When was the debt incurred? <u> </u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input type="checkbox"/> Other. Specify <u> </u></p>
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Debtor 1 Todd L. Culbreath

Case number (if known) \_\_\_\_\_

**Part 4:** Add the Amounts for Each Type of Unsecured Claim

1. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159.  
Add the amounts for each type of unsecured claim.

**Total claims from Part 1**

		Total claim
6a.	<b>Domestic support obligations</b>	6a. \$ _____ 0.00
6b.	<b>Taxes and certain other debts you owe the government</b>	6b. \$ _____ 10,000.00
6c.	<b>Claims for death or personal injury while you were intoxicated</b>	6c. \$ _____ 0.00
6d.	<b>Other.</b> Add all other priority unsecured claims. Write that amount here.	6d. + \$ _____ 0.00
6e.	<b>Total.</b> Add lines 6a through 6d.	6e. \$ _____ 10,000.00

**Total claims from Part 2**

		Total claim
6f.	<b>Student loans</b>	6f. \$ _____ 0.00
6g.	<b>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</b>	6g. \$ _____ 0.00
6h.	<b>Debts to pension or profit-sharing plans, and other similar debts</b>	6h. \$ _____ 0.00
6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$ _____ 7,518.21
6j.	<b>Total.</b> Add lines 6f through 6i.	6j. \$ _____ 7,518.21

<b>Fill in this information to identify your case:</b>			
Debtor 1	Todd	L.	Culbreath
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Eastern</u>		District of <u>Pennsylvania</u>	
Case number (if known)			

Check if this is an amended filing.

Official Form 106G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?  
 No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).
2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease		State what the contract or lease is for
2.1	Zerns Market	
	Name	
	1100	E. Philadelphia Avenue
	Number	Street
	Gilbertsville	PA 19525
	City	State ZIP Code
2.2		
	Name	
	Number	Street
	City	State ZIP Code
2.3		
	Name	
	Number	Street
	City	State ZIP Code
2.4		
	Name	
	Number	Street
	City	State ZIP Code
2.5		
	Name	
	Number	Street
	City	State ZIP Code

Fill in this information to identify your case:

Debtor 1	Todd	L.	Culbreath
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Eastern</u>		District of <u>Pennsylvania</u>	
Case number _____			

Check if this is an amended filing.

Official Form 106H

**Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)  
 No  
 Yes
2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)  
 No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?  
 No  
 Yes. In which community state or territory did you live? \_\_\_\_\_. Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

**Column 1: Your codebtor**

**Column 2: The creditor to whom you owe the debt**  
Check all schedules that apply:

3.1	Name	<input type="checkbox"/> Schedule D, line ____
	Number Street	<input type="checkbox"/> Schedule E/F, line ____
	City State ZIP Code	<input type="checkbox"/> Schedule G, line ____
3.2	Name	<input type="checkbox"/> Schedule D, line ____
	Number Street	<input type="checkbox"/> Schedule E/F, line ____
	City State ZIP Code	<input type="checkbox"/> Schedule G, line ____
3.3	Name	<input type="checkbox"/> Schedule D, line ____
	Number Street	<input type="checkbox"/> Schedule E/F, line ____
	City State ZIP Code	<input type="checkbox"/> Schedule G, line ____

Fill in this information to identify your case:

Debtor 1	<u>Todd</u>	<u>L.</u>	<u>Culbreath</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Eastern</u>		District of <u>Pennsylvania</u>	
Case number (If known) _____			

Check if this is:

An amended filing  
 A supplement showing post-petition chapter 13  
 income as of the following date:  
 MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

If you have more than one job, attach a separate page with information about additional employers.	Employment status	<b>Debtor 1</b> <input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<b>Debtor 2 or non-filing spouse</b> <input type="checkbox"/> Employed <input type="checkbox"/> Not employed
Include part-time, seasonal, or self-employed work.	Occupation	<u>Office Manager</u>	
Occupation may include student or homemaker, if it applies	Employer's name	<u>Zerns Hearing Aids</u>	
	Employer's address	<u>1100 E. Philadelphia Ave.</u> Number Street	<u>Number Street</u>
		<u>Store 024</u>	
		<u>Gilbertsville PA 19525</u> City State ZIP Code	<u>City State ZIP Code</u>
	How long employed there?	<u>6 yrs.</u>	

#### Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.
3. Estimate and list monthly overtime pay.
4. Calculate gross income. Add line 2 + line 3.

**For Debtor 1**

2. \$ 3,266.00 \$ 0.00

3. + \$ 0.00 + \$ 0.00

4. \$ 3,266.00 \$ 0.00

**For Debtor 2 or  
non-filing spouse**

Debtor 1 Todd L. Culbreath  
First Name Middle Name Last Name

Case number (if known)

	<b>For Debtor 1</b>	<b>For Debtor 2 or non-filing spouse</b>
4. <b>Copy line 4 here.....</b>	4. \$ 3,266.00	\$ 0.00
5. <b>List all payroll deductions:</b>		
5a. <b>Tax, Medicare, and Social Security deductions</b>	5a. \$ 653.00	\$ 0.00
5b. <b>Mandatory contributions for retirement plans</b>	5b. \$ 0.00	\$ 0.00
5c. <b>Voluntary contributions for retirement plans</b>	5c. \$ 0.00	\$ 0.00
5d. <b>Required repayments of retirement fund loans</b>	5d. \$ 0.00	\$ 0.00
5e. <b>Insurance</b>	5e. \$ 0.00	\$ 0.00
5f. <b>Domestic support obligations</b>	5f. \$ 0.00	\$ 0.00
5g. <b>Union dues</b>	5g. \$ 0.00	\$ 0.00
5h. <b>Other deductions. Specify: .....</b>	5h. +\$ 0.00	+\$ 0.00
6. <b>Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h</b>	6. \$ 653.00	\$ 0.00
7. <b>Calculate total monthly take-home pay. Subtract line 6 from line 4.</b>	7. \$ 2,613.00	\$ 0.00
8. <b>List all other income regularly received:</b>		
8a. <b>Net income from rental property and from operating a business, profession, or farm</b>		
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.		
8a. \$ 1,221.00	\$ 0.00	\$ 0.00
8b. <b>Interest and dividends</b>	8b. \$ 0.00	\$ 0.00
8c. <b>Family support payments that you, a non-filing spouse, or a dependent regularly receive</b>		
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		
8c. \$ 0.00	\$ 0.00	\$ 0.00
8d. <b>Unemployment compensation</b>	8d. \$ 0.00	\$ 0.00
8e. <b>Social Security</b>	8e. \$ 0.00	\$ 0.00
8f. <b>Other government assistance that you regularly receive</b>		
Include cash assistance and the value (if know) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.		
Specify: _____	8f. \$ 0.00	\$ 0.00
8g. <b>Pension or retirement income</b>	8g. \$ 0.00	\$ 0.00
8h. <b>Other monthly income. Specify: .....</b>	8h. +\$ 0.00	+\$ 0.00
9. <b>Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h</b>	9. \$ 1,221.00	\$ 0.00
10. <b>Calculate monthly income. Add line 7 + line 9.</b> Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 3,834.00	\$ 0.00
	=	\$ 3,834.00
11. <b>State all other regular contributions to the expenses that you list in Schedule J.</b>		
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.		
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.		
Specify: _____	11. + \$ 0.00	0.00
12. <b>Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.</b> Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> . If it applies.	12. \$ 3,834.00	
		Combined monthly income
13. <b>Do you expect an increase or decrease within the year after you file this form?</b>		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: _____		

Fill in this information to identify your case:

Debtor 1	Todd	L.	Culbreath
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Eastern		District of Pennsylvania	
Case number (If known)			

Check if this is:

An amended filing  
 A supplement showing post-petition chapter 13 income as of the following date: \_\_\_\_\_  
 MM / DD / YYYY  
 A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form 106J

**Schedule J: Your Expenses**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Your Household**

1. Is this a joint case?

No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?  
 No.  
 Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents

No

Do not list Debtor 1 and Debtor 2

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

No  
 Yes  
 No  
 Yes  
 No  
 Yes  
 No  
 Yes  
 No  
 Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

No

Yes.

**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 6I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,219.31

If not included on line 4:

4a. Real estate taxes

4a. \$ 300.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 0.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

Debtor 1	Todd	L.	Culbreath	Case number (if known)
	First Name	Middle Name	Last Name	
<b>Your Expenses</b>				
5. Additional mortgage payments for your residence, such as home equity loans.	5. \$ <u>0.00</u>			
6. Utilities:				
6a. Electricity, heat, natural gas	6a. \$ <u>175.00</u>			
6b. Water, sewer, garbage collection	6b. \$ <u>50.00</u>			
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>200.00</u>			
6d. Other. Specify: _____	6d. \$ <u>0.00</u>			
7. Food and housekeeping supplies	7. \$ <u>550.00</u>			
8. Childcare and children's educational costs	8. \$ <u>20.00</u>			
9. Clothing, laundry, and dry cleaning	9. \$ <u>30.00</u>			
10. Personal care products and services	10. \$ <u>60.00</u>			
11. Medical and dental expenses	11. \$ <u>170.00</u>			
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>220.00</u>			
13. Entertainment, clubs recreation, newspapers, magazines, and books	13. \$ <u>100.00</u>			
14. Charitable contributions and religious donations	14. \$ <u>0.00</u>			
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.				
15a. Life insurance	15a. \$ <u>35.00</u>			
15b. Health insurance	15b. \$ <u>140.00</u>			
15c. Vehicle insurance	15c. \$ <u>80.00</u>			
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>			
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>			
17. Installment or lease payments:				
17a. Car payments for Vehicle 1	17a. \$ <u>0.00</u>			
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>			
17c. Other. Specify: _____	17c. \$ <u>0.00</u>			
17d. Other. Specify: _____	17d. \$ <u>0.00</u>			
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form B 6I).	18. \$ <u>0.00</u>			
19. Other payments you make to support others who do not live with you. Specify: _____	19. \$ <u>0.00</u>			
20. Other real property expenses not included in lines 4 or 5 of this form or on <i>Schedule I: Your Income</i> :				
20a. Mortgages on other property	20a. \$ <u>0.00</u>			
20b. Real estate taxes	20b. \$ <u>0.00</u>			
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>			
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>			
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>			

Debtor 1 Todd L. Culbreath Case number (if known) \_\_\_\_\_

21. Other. Specify: _____	21. \$ _____ 0.00
22. Calculate your monthly expenses	
22a. Add lines 4 through 21.	\$ _____ 3,349.31
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	\$ _____ 0.00
22c. Add lines 22a and 22b. The result is your monthly expenses.	\$ _____ 3,349.31
23. Calculate your monthly net income.	
23a. Copy line 12 (your <i>combined monthly income</i> ) from <i>Schedule I</i> .	23a. \$ _____ 3,834.00
23b. Copy your monthly expenses from line 22 above.	23b. -\$ _____ 3,349.31
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ _____ 484.69
24. Do you expect an increase or decrease in your expenses within the year after you file this form?:	
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification in the terms of your mortgage?	
<input checked="" type="checkbox"/> No.	
<input type="checkbox"/> Yes.	Explain here: _____

Case #  
18-11155

Fill in this information to identify your case:

Debtor 1	First Name	Middle Name	Last Name
Todd	L.		Culbreath
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Eastern</u>		District of <u>Pennsylvania</u>	
Case number (If known)			

Check if this is an amended filing

## Official Form 106Dec

### Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

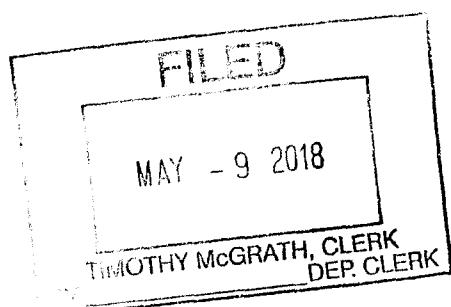
Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_, Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

<input checked="" type="checkbox"/> 	
Signature of Debtor 1	Signature of Debtor 2
Date 3/8/18 MM/DD/YYYY	Date 3/8/18 MM/DD/YYYY



YR

Fill in this information to identify your case:

Debtor 1	Todd	L.	Culbreath
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the		Eastern	District of Pennsylvania
Case number (if known)			

18-11155

Check if this is an amended filing

## Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1:

#### Give Details About Your Marital Status and Where You Lived Before

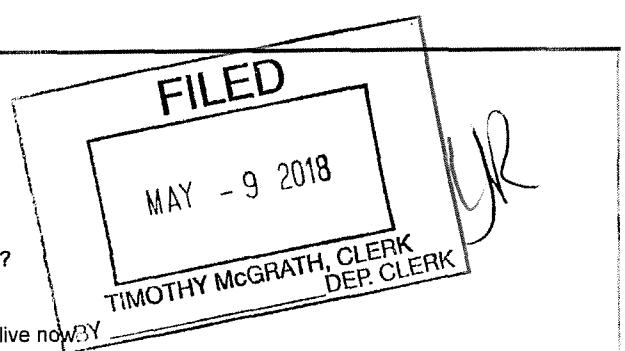
##### 1. What is your current marital status?

Married  
 Not married

##### 2. During the last 3 years, have you lived anywhere other than where you live now?

No

Yes. List all of the places you lived in the last 3 years. Do not include where you live now.



Debtor 1:

Dates Debtor 1  
lived there

Debtor 2:

Dates Debtor 2  
lived there

Same as Debtor 1

Same as Debtor 1

Number Street  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From \_\_\_\_\_  
To \_\_\_\_\_

Number Street  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From \_\_\_\_\_  
To \_\_\_\_\_

City State ZIP Code  
\_\_\_\_\_  
\_\_\_\_\_

City State ZIP Code  
\_\_\_\_\_  
\_\_\_\_\_

Same as Debtor 1

Same as Debtor 1

Number Street  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From \_\_\_\_\_  
To \_\_\_\_\_

Number Street  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From \_\_\_\_\_  
To \_\_\_\_\_

City State ZIP Code  
\_\_\_\_\_  
\_\_\_\_\_

City State ZIP Code  
\_\_\_\_\_  
\_\_\_\_\_

##### 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No

Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Debtor 1 Todd L. Culbreath Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

**Part 2: Explain the Sources of Your Income**

**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No

Yes. Fill in the details.

	<b>Debtor 1</b>	<b>Debtor 2</b>	
	<b>Sources of income</b> Check all that apply.	<b>Gross income</b> (before deductions and exclusions)	<b>Sources of income</b> Check all that apply.
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$ <u>9,800.00</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
<b>For last calendar year:</b> (January 1 to December 31, <u>2017</u> YYYY)	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$ <u>30,000.00</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
<b>For the calendar year before that:</b> (January 1 to December 31, <u>2016</u> YYYY)	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ <u>24,038.00</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No

Yes. Fill in the details.

	<b>Debtor 1</b>	<b>Debtor 2</b>	
	<b>Sources of income</b> Describe below.	<b>Gross income from each source</b> (before deductions and exclusions)	<b>Gross income from each source</b> (before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	—	\$ —	\$ —
	—	\$ —	\$ —
	—	\$ —	\$ —
<b>For last calendar year:</b> (January 1 to December 31, <u>YYYY</u> )	—	\$ —	\$ —
	—	\$ —	\$ —
	—	\$ —	\$ —
<b>For the calendar year before that:</b> (January 1 to December 31, <u>YYYY</u> )	—	\$ —	\$ —
	—	\$ —	\$ —
	—	\$ —	\$ —

Debtor 1 Todd L. Culbreath

Case number (if known) \_\_\_\_\_

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**

1. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Creditor's Name	_____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Number Street	_____	_____	_____	
City State ZIP Code	_____	_____	_____	
Creditor's Name	_____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Number Street	_____	_____	_____	
City State ZIP Code	_____	_____	_____	
Creditor's Name	_____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Number Street	_____	_____	_____	
City State ZIP Code	_____	_____	_____	

Debtor 1 Todd L. Culbreath Case number (if known) \_\_\_\_\_

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name		\$ _____	\$ _____	
Number Street				
City State ZIP Code				
Insider's Name		\$ _____	\$ _____	
Number Street				
City State ZIP Code				

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

No

Yes. List all payments that benefited an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name		\$ _____	\$ _____	
Number Street				
City State ZIP Code				
Insider's Name		\$ _____	\$ _____	
Number Street				
City State ZIP Code				

Debtor 1 Todd L. Culbreath

Case number (if known) \_\_\_\_\_

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No

Yes. Fill in the details.

Case title	Nature of the case	Court or agency	Status of the case
<u>Homebridge Financial Service</u>	<u>Mortgage foreclosure</u>	<u>Montgomery County Common Pleas</u> Court Name	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
<u>Culbreath</u>		<u>P.O. Box 313</u> Number Street	
<u>Case number 2017-09275</u>		<u>Norristown PA 19404</u> City State ZIP Code	
<u>Case title</u>		<u>Court Name</u>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
<u>Case number</u>		<u>Number Street</u>	
		<u>City</u> <u>State</u> <u>ZIP Code</u>	

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.**

No. Go to line 11.

Yes. Fill in the information below.

Creditor's Name	Describe the property	Date	Value of the property
<u>Number Street</u>	<u>Explain what happened</u>		<u>\$</u> _____
<u>City</u> <u>State</u> <u>ZIP Code</u>	<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		
<u>Creditor's Name</u>	<u>Describe the property</u>	Date	Value of the property
<u>Number Street</u>	<u>Explain what happened</u>		<u>\$</u> _____
<u>City</u> <u>State</u> <u>ZIP Code</u>	<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		

Debtor 1 Todd L. Culbreath

Case number (if known) \_\_\_\_\_

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No  
 Yes. Fill in the details.

Describe the action the creditor took		Date action was taken	Amount
Creditor's Name			
Number Street			\$ _____

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Last 4 digits of account number: XXXX—

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No  
 Yes

**Part 5: List Certain Gifts and Contributions**

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No  
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$ _____
Number Street			\$ _____
City _____ State _____ ZIP Code _____			
Person's relationship to you _____			

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$ _____
Number Street			\$ _____
City _____ State _____ ZIP Code _____			
Person's relationship to you _____			

Debtor: Todd L. Culbreath

Case number (if known) \_\_\_\_\_

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No

Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name	_____	_____	\$ _____
_____	_____	_____	\$ _____
Number Street	_____	_____	_____
City	State	ZIP Code	_____

**Part 6: List Certain Losses**

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No

Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
_____	_____	_____	\$ _____

**Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No

Yes. Fill in the details.

Michael W. Gallagher  
Person Who Was Paid

401 West Johnson Highway  
Number Street

Suite 4

East Norriton PA 19401  
City State ZIP Code

mwqlaw@msn.com  
Email or website address

Person Who Made the Payment, if Not You

Description and value of any property transferred	Date payment or transfer was made	Amount of payment made
_____	_____	\$ _____ 500.00
_____	_____	\$ _____

Debtor 1

Todd

1

Middle Name

Culbreath

Last Name

Case number (if known)

<b>Person Who Was Paid</b>		
<hr/>		
Number	Street	<hr/>
<hr/>		<hr/>
City	State	ZIP Code
<hr/>		
Email or website address		
<hr/>		
<b>Person Who Made the Payment, if Not You</b>		
<hr/>		

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
		\$ _____
		\$ _____

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No  
 Yes. Fill in the details

Person Who Was Paid		
Number	Street	
City	State	ZIP Code

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
		\$ _____
		\$ _____

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No  
 Yes. Fill in the details

Person Who Received Transfer		
Number	Street	
City	State	ZIP Code

Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made

Person's relationship to you \_\_\_\_\_

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Debtor 1 Todd L. Culbreath Case number (if known) \_\_\_\_\_

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No  
 Yes. Fill in the details.

Description and value of the property transferred		Date transfer was made
Name of trust _____		
_____		

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No  
 Yes. Fill in the details.

Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
---------------------------------	-------------------------------	--	---

Name of Financial Institution	XXXX-	<input type="checkbox"/> Checking _____ \$ _____
Number Street	_____	<input type="checkbox"/> Savings _____
City State ZIP Code	_____	<input type="checkbox"/> Money market _____
	_____	<input type="checkbox"/> Brokerage _____
	_____	<input type="checkbox"/> Other _____

Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
---------------------------------	-------------------------------	--	---

Name of Financial Institution	XXXX-	<input type="checkbox"/> Checking _____ \$ _____
Number Street	_____	<input type="checkbox"/> Savings _____
City State ZIP Code	_____	<input type="checkbox"/> Money market _____
	_____	<input type="checkbox"/> Brokerage _____
	_____	<input type="checkbox"/> Other _____

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No  
 Yes. Fill in the details.

Who else had access to it?	Describe the contents	Do you still have it?
Name of Financial Institution	Name _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Number Street	Number Street _____	
City State ZIP Code	_____	

Debtor 1 Todd L. Culbreath Case number (if known) \_\_\_\_\_

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No

Yes. Fill in the details.

Who else has or had access to it?	Describe the contents	Do you still have it?
Name of Storage Facility	Name	<input type="checkbox"/> No <input type="checkbox"/> Yes
Number Street	Number Street	
City State ZIP Code	City State ZIP Code	

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No

Yes. Fill in the details.

Where is the property?	Describe the property	Value
Owner's Name	Number Street	\$ _____
Number Street		
City State ZIP Code		

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No

Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
Name of Site	Governmental unit	_____
Number Street	Number Street	
City State ZIP Code		

Debtor 1 Todd L. Culbreath

Case number (if known) \_\_\_\_\_

25. Have you notified any governmental unit of any release of hazardous material?

No  
 Yes. Fill in the details.

Governmental unit		Environmental law, if you know it	Date of notice
Name of Site	Governmental unit		
Number Street	Number Street		
City	State ZIP Code		
City	State ZIP Code		

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No  
 Yes. Fill in the details.

Court or agency	Nature of the case	Status of the case
Case title	Court name	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Number Street		
Case number	City State ZIP Code	

#### Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
 A member of a limited liability company (LLC) or limited liability partnership (LLP)  
 A partner in a partnership  
 An officer, director, or managing executive of a corporation  
 An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

Business Name	Describe the nature of the business	Employer identification number Do not include Social Security number or ITIN.
Number Street		EIN: -
City State ZIP Code	Name of accountant or bookkeeper	Dates business existed
Business Name	Describe the nature of the business	Employer identification number Do not include Social Security number or ITIN.
Number Street		EIN: -
City State ZIP Code	Name of accountant or bookkeeper	Dates business existed
		From _____ To _____

Debtor 1 First Name	Todd	Middle Name	L.	Last Name	Culbreath	Case number (if known)
<b>Describe the nature of the business</b>						<b>Employer identification number</b> Do not include Social Security number or ITIN.
Business Name						EIN: -
Number Street						Dates business existed
						From _____ To _____
City	State	ZIP Code				

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No  
 Yes. Fill in the details below.

**Date Issued**

Name \_\_\_\_\_

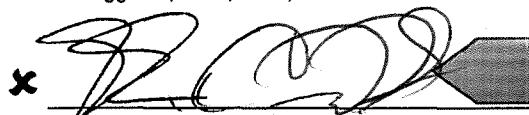
MM / DD / YYYY

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

 **SIGN HERE**  
Signature of Debtor 1 \_\_\_\_\_ Signature of Debtor 2 \_\_\_\_\_  
Date 3/8/18 Date \_\_\_\_\_

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No  
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No  
 Yes. Name of person \_\_\_\_\_

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).